


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>5</b>					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>													
1. CONTRACT/PURCH ORDER NO. <b>SP0960-02-D-7123</b>			2. DELIVERY ORDER NO. <b>0004</b>		3. DATE OF ORDER (YYMMDD) <b>2003 OCT 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE03293000753</b>		5. PRIORITY <b>DOA7</b>				
6. ISSUED BY CODE <b>SP0900</b> <b>Defense Supply Center Columbus</b> <b>3990 E. Broad St.</b> <b>P.O. Box 16704</b> <b>Columbus, OH 43216-5010</b> <b>Local Administrator: PCCACBY (614)692-5662 / FAX: (614)692-6929</b> <b>E-mail: Mary.Tolbert@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S1501A</b> <b>CMDR DCMC INDIANAPOLIS</b> <b>EMMETT J. BEAN CENTER</b> <b>8899 EAST 56TH ST</b> <b>INDIANAPOLIS, IN 46249-5701</b> <b>CRITICALITY: B</b>				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE <b>34623</b>  <b>AM GENERAL LLC</b> <b>DBA AM GENERAL LLC</b> <b>408 SOUTH BYRKIT STREET P O BOX 728</b> <b>MISHAWAKA IN 46546</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>90 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>							
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>S33184</b> <b>DFAS - COLUMBUS CENTER</b> <b>ATTN DFAS BVDPC/CC</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>COLUMBUS OH 43218-6205</b> <b>EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>EG: 97X4930 5CE0 001 26.0 S33150</b>													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		<b>Remarks:</b> <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL:</b> <b>6581</b>							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <b>Ruth A. Smith</b> BY: 				PCCACLT  TRACTING/ORDERING OFFICER HER NO.		25. TOTAL <b>\$ 68244.97</b>		29. DIFFERENCE	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		30. INITIALS			
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER		35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

CONTINUATION SHEET	Order Number: SP0960-02-D-7123-0004	PAGE 2	OF PAGES 5
<p>FOB: DESTINATION</p> <p>INSPECTION/ACCEPTANCE: HIGH TECH PACKAGING INC 1212 E. ALEXIS ROAD TELEDO, OH 43612</p> <p>SECONDARY ADMINISTRATION: DCMA CLEVELAND ADMIRAL KIDD BLDG 555 EAST 88TH ST BRATENAH, OH 44108-1068</p> <p>ALL TERMS AND CONDITIONS OF BASIC CONTRACT SP0960-02-D-7123 APPLY</p>			

## SECTION B

PR YPE03293000753  
NSN 5980-01-187-0791

## ITEM DESCRIPTION:

LAMP ASSEMBLY (RED BRAKE)  
ITEM MUST BE IAW ARMY CAGE 18876 DWG 12356703-1

DLAD 52.246-9004, PRODUCT VERIFICATION TESTING,  
APPLIES. THIS CLAUSE IS A GOVERNMENT OPTION  
THAT CAN ONLY BE INVOKED UPON THE COGNIZANT  
CONTRACT ADMINISTRATION OFFICE NOTIFYING THE  
CONTRACTOR THAT PVT SAMPLES ARE TO BE SELECTED.

BID SET AVAILABLE

CRITICAL APPLICATION ITEM

I/A/W DRAWING NR 19207 12356703  
BASIC DTD 86 JAN 24  
AMEND NR C DTD 99 JAN 25  
TYPE NUMBER: 12356703-1  
DETAILED DRAWING

I/A/W DRAWING NR 19207 12356703  
REFNO DTD 87 JUL 20  
AMEND NR A DTD 90 JUL 10  
TYPE NUMBER: QUAL ASSUR REQUIREMENTS  
QUALITY REQUEST/REQUIREMENTS, QUALITY ASSURANCE  
REQUIREMENTS (QAR).

I/A/W DRAWING NR 19207 12356703  
REFNO DTD 87 JUL 20  
AMEND NR B DTD 99 FEB 24  
TYPE NUMBER: QUAL ASSUR PROVISION  
SUPPLEMENTARY QUALITY ASSURANCE PROVISIONS  
(SQAP) OR QUALITY ASSURANCE PROVISIONS (QAP)

I/A/W DRAWING NR 19207 7060816  
REFNO DTD 58 OCT 06  
AMEND NR H DTD 97 SEP 30  
TYPE NUMBER:  
DETAILED DRAWING

I/A/W DRAWING NR 19207 7060818  
REFNO DTD 58 OCT 07  
AMEND NR F DTD 01 FEB 28  
TYPE NUMBER:  
DETAILED DRAWING

CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

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## SECTION B

I/A/W DRAWING NR 19207 7762687

REFNO DTD 48 NOV 16

AMEND NR N DTD 89 DEC 13

TYPE NUMBER:

DETAILED DRAWING

I/A/W DRAWING NR 19207 8338561

REFNO DTD 52 JUL 21

AMEND NR K DTD 90 APR 20

TYPE NUMBER:

DETAILED DRAWING

I/A/W DRAWING NR 19207 8338562

REFNO DTD 52 JUL 21

AMEND NR K DTD 96 JUL 21

TYPE NUMBER:

DETAILED DRAWING

I/A/W DRAWING NR 19207 8338564

REFNO DTD 52 JUL 21

AMEND NR G DTD 96 AUG 19

TYPE NUMBER:

DETAILED DRAWING

I/A/W DRAWING NR 19207 8338564

REFNO DTD 59 FEB 25

AMEND NR C DTD 61 NOV 30

TYPE NUMBER:

PARTS LIST

I/A/W DRAWING NR 19207 8338566

REFNO DTD 59 AUG 18

AMEND NR L DTD 99 JAN 01

TYPE NUMBER:

DETAILED DRAWING

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03293000753	0001	6581	EA	<u>\$10.37000</u>	<u>\$68244.97</u>

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIGIN

ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = EA: CUSH/DUNN MAT = 00: CUSH/DUNN THKNESS = 0:

UNIT CONT = XX: OPI = 0:

CONTINUED ON NEXT PAGE

SECTION B

INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 JAN 26

PARCEL POST/FREIGHT ADDRESS:

UY8593  
DLA PREMIUM SERVICE  
3970 DELP STREET  
MEMPHIS TN 38118-6155

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

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